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CONFIRMATION NO. 1229

<b>SERIAL NUMBER</b> 10/707,230	<b>FILING OR 371(c) DATE</b> 11/28/2003 <b>RULE</b>	<b>CLASS</b> 426	<b>GROUP ART UNIT</b> 1761	<b>ATTORNEY DOCKET NO.</b> 45496.20	
<b>APPLICANTS</b> Saul Katz, Edmonton, CANADA; Valerie Price, Edmonton, CANADA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/319,742 11/28/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <u>10/20/04</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22828 AIR MAIL					
<b>TITLE</b> Low glycemic index food					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		